

S.No. 268 to 273, Jaya Darshini Road, Athvelly Village, Near Medchal Court, Medchal. Cell: 92488 96359, 94928 77010. www.hitechresidential.com

APPLICATION FORM FOR ADMISSION

(To be filled by the Office only)

1.	Registration No				
2.	Admission No			Affix a recent passport size	
3.	Class admitted Date of admission			photograph	
4.					
NOT	• •	t to cancel the admission of the can application are incorrect or false.	ididate at any stage if it	is detected that	
1.	Name of the candidate in fu (in block letters)	II		Sex: B G	
2.	Father's Name				
	Mother's Name				
	Address				
		Res (R)			
	Occupation				
	Monthly income of parent: Rs				
	(a) Date of Birth(in words also)				
	(b) Age: (as on 30th August of the	ne academic year applying for) Yea	ar Months_	days	
	(c) Place of Birth (d) Nationality				
	(e) Religion(f) Mother Tongue				
3.	Do you belong to (SC/ST/Be) (Certificate issued by the M.R.O.	C) is to be attached)			
4.	Name of School and class last studied				
5	Whether original Transfer Certificate/Record Sheet/Birth Certificate is attached? Yes / No				

6.	Class into which admission is sought			
7.	Languages proposed to be taken: (a) First Language: HINDI/TELUGU			
	(b) Second Langu	ıage: HINDI/TELUGU		
8.	Marks of Identification: (1)			
9.	Emergency Contact (Other than the parent's)			
	Name	Relationship		
	Telephone No	Mobile		
10.	Local Guardians details			
	(a) Name & Address			
	Phone No			
	(b) Relationship with the candidate			
	(c) Profession			
11.	Whether transport facility is needed	Yes / No		
caree	I agree to the applicant's admission to the above menorrect. I shall be responsible for his/her conduct and goder. I shall abide by the direction of the school authorities and behavior.	od behavior during the period of the school		
Statio	on,	Signature of Parent (or) Guardian		
Date_	20			

The Candidate is ADMITTED / REJECTED